

Facility Name & ID Number Chateau Nursing & Rehabilitation Center# 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,750	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	29,827	10,542	8,627	48,996	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,827	10,542	8,627	48,996	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 89.49%D. How many bed-hold days during this year were paid by the Department?
4 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES NO Non-allowable costs have been
eliminated in Schedule V, Column 7.H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO I. On what date did you start providing long term care at this location
Date started 02/01/2003J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/2003 NO K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number
of beds certified 150 and days of care provided 8,452Medicare Intermediary National Government Services- Springfield

IV. ACCOUNTING BASIS

ACCRAU MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year YES NO Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

* All facilities other than governmental must report on the accrual basis

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Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
1	A. General Services										
1	Dietary	262,822	31,549	10,922	305,293		305,293	1,870	307,163		1
2	Food Purchase		256,246		256,246		256,246	(3,307)	252,939		2
3	Housekeeping	154,548	45,962	27,563	228,073		228,073	(3,478)	224,595		3
4	Laundry	40,437	20,201		60,638		60,638		60,638		4
5	Heat and Other Utilities			223,741	223,741		223,741	2,020	225,761		5
6	Maintenance	139,535		124,478	264,013		264,013	8,657	272,670		6
7	Other (specify):*			924	924		924	1,518	2,442		7
8	TOTAL General Services	597,342	353,958	387,628	1,338,928		1,338,928	7,280	1,346,208		8
	B. Health Care and Programs										
9	Medical Director			37,400	37,400		37,400		37,400		9
10	Nursing and Medical Records	3,119,782	164,505	17,012	3,301,299		3,301,299	5,579	3,306,878		10
10a	Therapy		10,522	636,078	646,600		646,600	(48,908)	597,692		10a
11	Activities	145,273	25,977	1,176	172,426		172,426	(21)	172,405		11
12	Social Services	86,350	288	660	87,298		87,298	11,015	98,313		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							34,420	34,420		15
16	TOTAL Health Care and Programs	3,351,405	201,292	692,326	4,245,023		4,245,023	2,085	4,247,108		16
	C. General Administration										
17	Administrative	99,170		489,569	588,739		588,739	(444,511)	144,228		17
18	Directors Fees										18
19	Professional Services			76,115	76,115		76,115	5,548	81,663		19
20	Dues, Fees, Subscriptions & Promotion			35,683	35,683		35,683	8,017	43,700		20
21	Clerical & General Office Expense	192,908	31,653	46,869	271,430		271,430	137,757	409,187		21
22	Employee Benefits & Payroll Tax			725,336	725,336		725,336	(4,677)	720,659		22
23	Inservice Training & Education			1,880	1,880		1,880		1,880		23
24	Travel and Semina			974	974		974	3,719	4,693		24
25	Other Admin. Staff Transportatior			20,534	20,534		20,534	46	20,580		25
26	Insurance-Prop.Liab.Malpractice			149,462	149,462		149,462	919	150,381		26
27	Other (specify):*			852	852		852	24,425	25,277		27
28	TOTAL General Administration	292,078	31,653	1,547,274	1,871,005		1,871,005	(268,757)	1,602,248		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,240,825	586,903	2,627,228	7,454,956		7,454,956	(259,392)	7,195,564		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

#0046177

Report Period Beginning: 01/01/2006 Ending: 12/31/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			45,689	45,689		45,689	209,849	255,538			30
31	Amortization of Pre-Op. & Org							26,123	26,123			31
32	Interest			3,680	3,680		3,680	338,225	341,905			32
33	Real Estate Taxes			45,826	45,826		45,826	1,744	47,570			33
34	Rent-Facility & Grounds			497,743	497,743		497,743	(489,297)	8,446			34
35	Rent-Equipment & Vehicle:			28,343	28,343		28,343	(19,915)	8,428			35
36	Other (specify): ³											36
37	TOTAL Ownership			621,281	621,281		621,281	66,729	688,010			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		412,443	4,075	416,518		416,518	(3,777)	412,741			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			82,125	82,125		82,125		82,125			42
43	Other (specify): ³ Nonallowable Cost			162,232	162,232		162,232	(162,232)				43
44	TOTAL Special Cost Centers		412,443	248,432	660,875		660,875	(166,009)	494,866			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,240,825	999,346	3,496,941	8,737,112		8,737,112	(358,672)	8,378,440			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,605)	30		9
10	Interest and Other Investment Income	(45,930)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,664)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(195)	43		18
19	Entertainment				19
20	Contributions	50	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(118,430)	43		24
25	Fund Raising, Advertising and Promotions	(19,622)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	2,190	43		26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(176,352)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (368,558)		\$	30

BHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	9,886		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 9,886		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (358,672)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Chateau Nursing & Rehabilitation Center

Provider #: 0046177

01/01/2006 to 12/31/2006

Schedule 5A

VI. Adjustment Detail

Line 29 - Other

<u>Non-allowable expenses</u>	<u>Amount</u>	<u>Reference</u>
Vending Income Offset	(464)	2
Jury Duty Income Offset	(63)	21
To disallow 2005 Legal Bills	(3,698)	19
To disallow Chamber of Commerce	(775)	20
To disallow Theft Loss	(3,090)	43
To disallow Collection Expense	(439)	43
To disallow non-allowable Management Fees	(147,784)	17
To disallow Laboratory Expense	(9,185)	43
To disallow Radiology Expenses	(10,847)	43
To disallow BLDG CO. Replacement Tax		43
To disallow Xcel Med. Supply Profit		43
To disallow A/R Misc Discount	(7)	21
Total	(176,352)	

Chateau Nursing & Rehabilitation Center

ID# 0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
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27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	414	0	(1,921)	0	0	(10)	3,387	0	0	1,870	1
2	Food Purchase	0	0	0	0	(2,843)	0	0	0	0	0	0	(2,843)	2
3	Housekeeping	0	0	0	0	0	0	0	(3,478)	0	0	0	(3,478)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,891	0	44	0	0	0	85	0	0	2,020	5
6	Maintenance	0	0	7,768	0	71	0	763	(1)	56	0	0	8,657	6
7	Other (specify):*	0	0	709	0	0	0	0	0	579	0	0	1,288	7
8	TOTAL General Services	0	0	10,782	0	(4,649)	0	763	(3,489)	4,107	0	0	7,514	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	(12,560)	18,139	0	0	5,579	10
10a	Therapy	0	0	0	0	0	0	0	(61)	2,251	(51,098)	0	(48,908)	10a
11	Activities	0	0	0	0	0	0	0	(21)	0	0	0	(21)	11
12	Social Services	0	0	2,705	0	0	0	0	0	8,310	0	0	11,015	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	363	0	0	0	0	0	4,039	30,018	0	34,420	15
16	TOTAL Health Care and Programs	0	0	3,068	0	0	0	0	(12,642)	32,739	(21,080)	0	2,085	16
	C. General Administration													
17	Administrative	0	0	(290,267)	0	689	0	0	0	(14,693)	7,544	0	(296,727)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	8,604	0	20	0	0	0	364	258	0	9,246	19
20	Fees, Subscriptions & Promotions	0	250	5,081	0	31	0	0	0	34	3,396	0	8,792	20
21	Clerical & General Office Expenses	0	0	127,022	0	938	0	0	0	8,731	1,136	0	137,827	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	(4,512)	0	(165)	0	0	0	(4,677)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	3,207	0	0	0	0	0	37	475	0	3,719	24
25	Other Admin. Staff Transportation	0	0	0	0	46	0	0	0	0	0	0	46	25
26	Insurance-Prop.Liab.Malpractice	0	0	(456)	0	69	0	0	0	19	1,287	0	919	26
27	Other (specify):*	0	0	17,972	0	230	0	0	0	5,393	1,060	0	24,655	27
28	TOTAL General Administration	0	250	(128,837)	0	2,023	(4,512)	0	(165)	(115)	15,156	0	(116,200)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	250	(114,987)	0	(2,626)	(4,512)	763	(16,296)	36,731	(5,924)	0	(106,601)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
30	D. Ownership												
	Depreciation	(7,605)	198,059	9,124	0	15	0	10,005	0	251	0	0	209,849 30
31	Amortization of Pre-Op. & Org.	0	26,123	0	0	0	0	0	0	0	0	0	26,123 31
32	Interest	(45,930)	357,394	21,399	0	2	0	1,077	0	717	3,566	0	338,225 32
33	Real Estate Taxes	0	0	1,563	0	16	0	0	0	165	0	0	1,744 33
34	Rent-Facility & Grounds	0	(492,750)	3,453	0	0	0	0	0	0	0	0	(489,297) 34
35	Rent-Equipment & Vehicles	0	0	925	0	28	0	(21,725)	0	0	857	0	(19,915) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(53,535)	88,826	36,464	0	61	0	(10,643)	0	1,133	4,423	0	66,729 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	124	0	0	(3,901)	0	0	0	(3,777) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(138,671)	0	0	0	0	0	0	0	0	0	0	(138,671) 43
44	TOTAL Special Cost Centers	(138,671)	0	0	0	124	0	0	(3,901)	0	0	0	(142,448) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(192,206)	89,076	(78,523)	0	(2,441)	(4,512)	(9,880)	(20,197)	37,864	(1,501)	0	(182,320) 45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Chateau Willowbrook Property LLC	Evanston	BLDG Company

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization			
1	V	19 Professional Fees	\$	Chateau Willowbrook Property LLC	100.00%	\$		1	
2	V	20 Fees, Subscriptions, & Dues		Chateau Willowbrook Property LLC	100.00%	250	250	2	
3	V	30 Depreciation		Chateau Willowbrook Property LLC	100.00%	198,059	198,059	3	
4	V	31 Amortization		Chateau Willowbrook Property LLC	100.00%	26,123	26,123	4	
5	V	32 Interest Working Capita		Chateau Willowbrook Property LLC	100.00%	903	903	5	
6	V	32 Interest Mortgage		Chateau Willowbrook Property LLC	100.00%	356,491	356,491	6	
7	V	33 Real Estate Tax	39,161	Chateau Willowbrook Property LLC	100.00%	39,161		7	
8	V	34 Rent	492,750	Chateau Willowbrook Property LLC	100.00%		(492,750)	8	
9	V	43 Other		Chateau Willowbrook Property LLC	100.00%			9	
10	V	32 Interest Income		Chateau Willowbrook Property LLC	100.00%			10	
11	V	32 Interest Income		Chateau Willowbrook Property LLC	100.00%			11	
12	V							12	
13	V							13	
14	Total		\$ 531,911			\$ 620,987	\$ *	89,076	14

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center# 0046177Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary - Other	\$	Care Centers, Inc.	100.00%	\$ 414	\$ 414
16	V	05 Utilities		Care Centers, Inc.	100.00%	1,891	1,891
17	V	06 Maintenance Salary		Care Centers, Inc.	100.00%	4,901	4,901
18	V	06 Maintenance - Other		Care Centers, Inc.	100.00%	2,867	2,867
19	V	07 Employee Benefits - General Serv.		Care Centers, Inc.	100.00%	709	709
20	V	12 Social Service -Salary		Care Centers, Inc.	100.00%	2,705	2,705
21	V	15 Employee Benefits - Healthcare		Care Centers, Inc.	100.00%	363	363
22	V	17 Administrative - Salary		Care Centers, Inc.	100.00%	4,095	4,095
23	V	17 Administrative - Other	296,208	Care Centers, Inc.	100.00%	1,846	(294,362)
24	V	19 Professional Fees	5,400	Care Centers, Inc.	100.00%	14,004	8,604
25	V	20 Dues and Subscriptions		Care Centers, Inc.	100.00%	5,081	5,081
26	V	21 Office & Clerical - Salary		Care Centers, Inc.	100.00%	116,406	116,406
27	V	21 Office & Clerical - Other		Care Centers, Inc.	100.00%	10,616	10,616
28	V	22 Employee Benefits		Care Centers, Inc.	100.00%		
29	V	23 Inservice & Education		Care Centers, Inc.	100.00%		
30	V	24 Travel and Seminar		Care Centers, Inc.	100.00%	3,207	3,207
31	V	25 Other Admin. Staff Transportation		Care Centers, Inc.	100.00%		
32	V	26 Insurance		Care Centers, Inc.	100.00%	(456)	(456)
33	V	27 Employee Benefits - Admin Serv.		Care Centers, Inc.	100.00%	17,972	17,972
34	V	30 Depreciation		Care Centers, Inc.	100.00%	9,124	9,124
35	V	32 Interest		Care Centers, Inc.	100.00%	21,399	21,399
36	V	33 Real Estate Taxes		Care Centers, Inc.	100.00%	1,563	1,563
37	V	34 Rent-Building		Care Centers, Inc.	100.00%	3,453	3,453
38	V	35 Rent-Equipment & Auto		Care Centers, Inc.	100.00%	925	925
39	Total		\$ 301,608			\$ 223,085	\$ * (78,523)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	06 Maintenance Salary	\$ 6,159	Care Centers, Inc.	100.00%	\$ 6,159	\$
16	V	07 Employee Benefits - Gen Service	924	Care Centers, Inc.	100.00%	924	
17	V	21 Office Salary	5,680	Care Centers, Inc.	100.00%	5,680	
18	V	27 Employee Benefits - Gen. Admin.	852	Care Centers, Inc.	100.00%	852	
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 13,615			\$ 13,615	\$ *

* Total must agree with the amount recorded on line 34 of Schedule V1

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary Other	\$ 2,319	Care Center Health System	100.00%	\$ 398	\$ (1,921)
16	V	02 Food	3,295	Care Center Health System	100.00%	452	(2,843)
17	V	05 Utilities		Care Center Health System	100.00%	44	44
18	V	06 Maintenance		Care Center Health System	100.00%	71	71
19	V	10 Nursing Supplies		Care Center Health System	100.00%		
20	V	17 Administrative- Salary		Care Center Health System	100.00%	585	585
21	V	17 Administrative- Other		Care Center Health System	100.00%	104	104
22	V	19 Professional Fees		Care Center Health System	100.00%	20	20
23	V	20 Dues & Subscriptions		Care Center Health System	100.00%	31	31
24	V	21 Office & Clerical Salary		Care Center Health System	100.00%	872	872
25	V	21 Office & Clerical Other		Care Center Health System	100.00%	66	66
26	V	23 Inservice & Education		Care Center Health System	100.00%		
27	V	24 Travel & Seminar		Care Center Health System	100.00%		
28	V	25 Other Admin. Staff Transportation		Care Center Health System	100.00%	46	46
29	V	26 Insurance		Care Center Health System	100.00%	69	69
30	V	27 Employee Benefits - Admin Serv.		Care Center Health System	100.00%	230	230
31	V	30 Depreciation		Care Center Health System	100.00%	15	15
32	V	32 Interest Expense		Care Center Health System	100.00%	2	2
33	V	33 Real Estate Taxes		Care Center Health System	100.00%	16	16
34	V	34 Rent-Building		Care Center Health System	100.00%		
35	V	35 Rent-Equipment & Auto		Care Center Health System	100.00%	28	28
36	V	39 Ancillary	4,164	Care Center Health System	100.00%	4,288	124
37	V						
38	V						
39	Total		\$ 9,778			\$ 7,337	\$ * (2,441)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 Employee Health Insurance	\$ 225,589	CCS Employee Benefit Group	100.00%	\$ 221,077	\$ (4,512)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 225,589			\$ 221,077	\$ * (4,512)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Maintenance	\$	Vent Lease LLC	100.00%	\$ 763	\$ 763
16	V	30 Depreciation		Vent Lease LLC	100.00%	10,005	10,005
17	V	32 Interest Expense		Vent Lease LLC	100.00%	1,077	1,077
18	V	35 Rent - Equipment	21,725	Vent Lease LLC	100.00%		(21,725)
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 21,725			\$ 11,845	\$ * (9,880)

* Total must agree with the amount recorded on line 34 of Schedule V1

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary	\$ 125	Xcell Medical Supply, LLC		\$ 115	\$ (10)
16	V	02 Food		Xcell Medical Supply, LLC			
17	V	03 Housekeeping	42,874	Xcell Medical Supply, LLC		39,396	(3,478)
18	V	04 Laundry		Xcell Medical Supply, LLC			
19	V	06 Repairs & Maintenance	8	Xcell Medical Supply, LLC		7	(1)
20	V	10 Nursing	154,868	Xcell Medical Supply, LLC		142,308	(12,560)
21	V	10a Therapy	757	Xcell Medical Supply, LLC		696	(61)
22	V	11 Activities	255	Xcell Medical Supply, LLC		234	(21)
23	V	20 Dues, Fee, Subscriptions		Xcell Medical Supply, LLC			
24	V	21 Clerical & General Office		Xcell Medical Supply, LLC			
25	V	22 Employee Benefits	2,036	Xcell Medical Supply, LLC		1,871	(165)
26	V	39 Ancillary	48,547	Xcell Medical Supply, LLC		44,646	(3,901)
27	V	43 Other					
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 249,470			\$ 229,273	\$ * (20,197)

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center# 0046177Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary - Salary	\$	Care Center Clinical	100.00%	\$ 3,387	\$ 3,387	15
16	V	05 Utilities		Care Center Clinical	100.00%	85	85	16
17	V	06 Maintenance - Other		Care Center Clinical	100.00%	56	56	17
18	V	07 Employee Benefits - General Serv.		Care Center Clinical	100.00%	579	579	18
19	V	10 Nursing - Salary		Care Center Clinical	100.00%	18,139	18,139	19
20	V	10a Therapy - Salary		Care Center Clinical	100.00%	2,251	2,251	20
21	V	12 Social Service - Salary		Care Center Clinical	100.00%	8,310	8,310	21
22	V	15 Employee Benefits - Healthcare		Care Center Clinical	100.00%	4,039	4,039	22
23	V	17 Administrative - Salary		Care Center Clinical	100.00%	30,884	30,884	23
24	V	17 Administrative - Other	45,577	Care Center Clinical	100.00%		(45,577)	24
25	V	19 Professional Fees		Care Center Clinical	100.00%	364	364	25
26	V	20 Dues and Subscriptions		Care Center Clinical	100.00%	34	34	26
27	V	21 Office & Clerical - Salary		Care Center Clinical	100.00%	8,705	8,705	27
28	V	21 Office & Clerical - Other		Care Center Clinical	100.00%	26	26	28
29	V	23 Inservice & Education		Care Center Clinical	100.00%			29
30	V	24 Travel and Seminar		Care Center Clinical	100.00%	37	37	30
31	V	25 Other Admin. Staff Transportation		Care Center Clinical	100.00%			31
32	V	26 Insurance		Care Center Clinical	100.00%	19	19	32
33	V	27 Employee Benefits - Admin Serv.		Care Center Clinical	100.00%	5,393	5,393	33
34	V	30 Depreciation		Care Center Clinical	100.00%	251	251	34
35	V	32 Interest		Care Center Clinical	100.00%	717	717	35
36	V	33 Real Estate Taxes		Care Center Clinical	100.00%	165	165	36
37	V	34 Rent-Building		Care Center Clinical	100.00%			37
38	V	35 Rent-Equipment & Auto		Care Center Clinical	100.00%			38
39	Total		\$ 45,577			\$ 83,441	\$ * 37,864	39

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Chateau Nursing & Rehabilitation Center# 0046177Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy Salaries PT	\$	Therapy Works Rehabilitation Services LLC	100.00%	\$ 64,274	\$ 64,274
16	V	10a Therapy Salaries OT		Therapy Works Rehabilitation Services LLC	100.00%	68,329	68,329
17	V	10a Therapy Salaries ST		Therapy Works Rehabilitation Services LLC	100.00%	26,350	26,350
18	V	10a Therapy Salaries Other		Therapy Works Rehabilitation Services LLC	100.00%	54,545	54,545
19	V	10a Therapy - Other		Therapy Works Rehabilitation Services LLC	100.00%	4	4
20	V	10a Therapy - Other PT	133,912	Therapy Works Rehabilitation Services LLC	100.00%	13,477	(120,435)
21	V	10a Therapy - Other OT	107,338	Therapy Works Rehabilitation Services LLC	100.00%		(107,338)
22	V	10a Therapy - Other ST	36,827	Therapy Works Rehabilitation Services LLC	100.00%		(36,827)
23	V	15 Employee Benefits - Health		Therapy Works Rehabilitation Services LLC	100.00%	30,018	30,018
24	V	17 Administrative- Salary		Therapy Works Rehabilitation Services LLC	100.00%	7,544	7,544
25	V	19 Professional Fees		Therapy Works Rehabilitation Services LLC	100.00%	258	258
26	V	20 Dues & Subscriptions		Therapy Works Rehabilitation Services LLC	100.00%	3,396	3,396
27	V	21 Office & Clerical -Salary		Therapy Works Rehabilitation Services LLC	100.00%		
28	V	21 Office & Clerical Other		Therapy Works Rehabilitation Services LLC	100.00%	1,136	1,136
29	V	24 Travel & Seminar		Therapy Works Rehabilitation Services LLC	100.00%	475	475
30	V	25 Other Admin. Staff Transport		Therapy Works Rehabilitation Services LLC	100.00%		
31	V	26 Insurance		Therapy Works Rehabilitation Services LLC	100.00%	1,287	1,287
32	V	27 Employee Ben. - Gen. Admin		Therapy Works Rehabilitation Services LLC	100.00%	1,060	1,060
33	V	30 Depreciation		Therapy Works Rehabilitation Services LLC	100.00%		
34	V	32 Interest		Therapy Works Rehabilitation Services LLC	100.00%	3,566	3,566
35	V	33 Real Estate Taxes		Therapy Works Rehabilitation Services LLC	100.00%		
36	V	34 Rent- Building		Therapy Works Rehabilitation Services LLC	100.00%		
37	V	35 Rent - Equipment & Auto		Therapy Works Rehabilitation Services LLC	100.00%	857	857
38	V						
39	Total		\$ 278,077			\$ 276,576	\$ * (1,501)

* Total must agree with the amount recorded on line 34 of Schedule VI

Chateau Nursing & Rehabilitation Center

Provider #: 0046177
01/01/2006 to **12/31/2006**

Schedule 6

Partner Name	Ownership %
Nathan & Shirley Rothner Trust	22.00%
Eric Rothner	1.00%
William Rothner Accum. Trust	11.00%
Daniel Rothner Accum. Trust	11.00%
Rachel Rothner Accum. Trust	11.00%
Mellissa Rothner Accum. Trust	11.00%
Adam Vales Accum. Trust	11.00%
Kathryn Vales Accum. Trust	11.00%
Kimberly Richman Accum. Trust	11.00%
	100.00%

Chateau Nursing & Rehabilitation Center
 Provider #: 01/01/2006

0046177
 12/31/2006

Schedule 6A

CARE CENTERS, INC.
 SUMMARY OF NON-BUILDING RENTAL
 RELATED ENTITIES
 AS OF
 December 31, 2006

	CARE CENTERS, INC.	CARE CENTER CLINICAL	CARE CENTERS HEALTH SYSTEMS	CCS EMPLOYEE BENEFITS GROUP	XCEL MEDICAL SUPPLIES	CARE VENT LEASE LLC	THERAPY WORKS REHAB	HARBOR LIGHTS	
ILLINOIS HOMES									
Applewood Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Beecher Manor Nsg & Rehab	X	X	X	X	X	X	X		
Briar Place LTD.	X	X	X	X	X	X		X	
Center for the Hispanic Elderly	X	X	X	X	X	X			
Chateau Village Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Concord Extended Care	X	X	X	X	X			X	
Grasmere Place LLC	X	X		X	X				
International Village Nursing & Rehabilitation Center	X	X	X	X	X	X			
Lakewood Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Lemont Nursing & Rehabilitation Center	X	X	X	X	X	X	X		
Pavillion of Forest Park LLC	X	X	X	X	X	X		X	
Plum Grove Nursing & Rehabilitation Center	X	X		X	X				
Prairie Manor Health Care	X	X	X	X	X	X			
Rainbow Beach Nursing Center	X	X		X	X	X	X		
Ridgeland Nursing & Rehabilitation Center	X	X	X	X	X	X			
Sheridan Shores Nursing & Rehabilitation Center	X	X	X	X	X				
Snow Valley Nursing & Rehabilitation Center	X	X	X	X	X		X		
Somerset Place LLC	X	X		X	X	X			
South Shores Nursing & Rehabilitation Center	X	X	X	X	X	X			
Tri-State Nursing & Rehabilitation Center	X	X	X	X	X	X			
Washington Heights Nursing & Rehabilitation Center	X	X	X	X	X	X			
Westshire Nursing & Rehabilitation Center	X	X	X	X	X	X			
Wheaton Care Center, LTD	X	X	X	X	X	X		X	
INDIANA HOMES									
Clark Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Dyer Nursing & Rehabilitation Center	X	X	X	X	X	X	X	X	
East Lake Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Lake County Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Northlake Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Sebos, Nursing & Rehabilitation Center	X	X	X	X	X	X		X	
Sheffield Manor	X	X		X	X				
Valparaiso Care & Rehabilitation Center	X	X	X	X	X	X		X	
OHIO HOMES									
McKinley Health Care Center	X	X	X	X	X	X			

THIS INFORMATION IS PROVIDED ONLY FOR PURPOSES OF MEDICAID COST REPORTS COMPLIANCE.
 THE AFFILIATED PARTIES ARE NOT NECESSARY RELATED PARTIES OTHER THAN BY MEDICAID RULE.
 THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Chateau Nursing & Rehabilitation Center

Provider #: 0046177

01/01/2006

12/31/2006

Schedule 6B

RELATED NURSING HOMES
December 31, 2006

GROUP NAME	FACILITY NAME	CITY
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CARE CENTERS, INC.

ILLINOIS HOMES

Applewood Nursing & Rehabilitation Center	MATTESON
Beecher Manor Nursing & Rehab	BEECHER
Briar Place LTD.	INDIAN HEAD
Center for the Hispanic Elderly	CHICAGO
Chateau Village Nursing & Rehabilitation Center	WILLOWBROOK
Concord Extended Care	OAK LAWN
Grasmere Place LLC	CHICAGO
International Village Nursing & Rehabilitation Center	CHICAGO
Lakewood Nursing & Rehabilitation Center	PLAINFIELD
Lemont Nursing & Rehabilitation Center	LEMONT
Pavillion of Forest Park LLC	FOREST PARK
Plum Grove Nursing & Rehabilitation Center	PALATINE
Prairie Manor Health Care	CHICAGO HEIGHTS
Rainbow Beach Nursing Center	CHICAGO
Ridgeland Nursing & Rehabilitation Center	PALOS HEIGHTS
Sheridan Shores Nursing & Rehabilitation Center	CHICAGO
Snow Valley Nursing & Rehabilitation Center	LISLE
Somerset Place LLC	CHICAGO
South Shores Nursing & Rehabilitation Center	CHICAGO
Tri-State Nursing & Rehabilitation Center	Lansing
Washington Heights Nursing & Rehabilitation Center	CHICAGO
Westshire Nursing & Rehabilitation Center	CICERO
Wheaton Care Center, LTD	WHEATON

INDIANA HOMES

Clark Nursing & Rehabilitation Center	Gary
Dyer Nursing & Rehabilitation Center	Dyer
East Lake Nursing & Rehabilitation Center	Elkhardt
Lake County Nursing & Rehabilitation Center	East Chicago
Northlake Nursing & Rehabilitation Center	Merriville
Sebos, Nursing & Rehabilitation Center	Holbart
Sheffield Manor	Dyer
Valparaiso Care & Rehabilitation Center	Valparaiso

OHIO HOMES

McKinley Health Care Center	Canton
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THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Chateau Nursing & Rehabilitation Center

Provider #:

0046177

01/01/2006

12/31/2006

Schedule 6C

OTHER RELATED BUSINESS ENTITIES

AS OF

December 31, 2006

NAME		CITY	TYPE OF BUSINESS
CARE CENTERS, INC.		EVANSTON, IL	MANAGEMENT COMPANY
CARE CENTER CLINICAL		EVANSTON, IL	MANAGEMENT COMPANY
CARE CENTERS HEALTH SYSTEM		EVANSTON, IL	DIETARY & FOOD SUPPLEMENTS
HARBOR LIGHTS	*	GLEN ELLYN	HOSPICE
ROTHNER VENTS LLC		EVANSTON, IL	MEDICAL EQUIP RENTAL
XCEL MEDICAL SUPPLY		EVANSTON, IL	MEDICAL SUPPLIES
2201 MAIN, LLC		EVANSTON, IL	BUILDING COMPANY

* - Page 6 & 8 Are not required for this entity since there was no payment from the Nursing Homes to the Related Entity

SEE THE ATTACHED SUMMARY FOR THE APPLICABILITY OF EACH RELATED BUSINESS ENTITY TO THE RELATED NURSING HOME

THIS INFORMATION IS PROVIDED ONLY FOR PURPOSES OF MEDICAID COST REPORTS COMPLIANCE. THE AFFILIATED PARTIES ARE NOT NECESSARY RELATED PARTIES OTHER THAN BY MEDICAID RULE THESE RULES ARE NOT GUIDELINES FOR ANY OTHER PURPOSE.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Owner	Administrative	1.0000%	See Attached	1.03	2.58%	CCI -Salary	\$ 1,680	17-7	1
2	Mark Steinberg	Relative	Administrative	0.0000%	See Attached	1.69	4.22%	CCI -Salary	4,109	17-7	2
3	Gale Rothner	Relative	Administrative	0.0000%	See Attached	1.08	2.70%	CCI -Salary	2,400	17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 8,189		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Care Centers, Inc
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01 Dietary - Other	Patient Days	1,592,658	32	\$ 13,468	\$ 48,996	48,996	\$ 414	1
2	05 Utilities	Patient Days	1,592,658	32	61,456		48,996	1,891	2
3	06 Maintenance Salary	Patient Days	1,592,658	32	159,318	159,318	48,996	4,901	3
4	06 Maintenance - Other	Patient Days	1,592,658	32	93,209		48,996	2,867	4
5	07 Employee Benefits - Gen Serv.	Patient Days	1,592,658	32	23,038		48,996	709	5
6	12 Social Service - Salary	Patient Days	1,592,658	32	87,938	87,938	48,996	2,705	6
7	15 Employee Benefits - Healthcare	Patient Days	1,592,658	32	11,794		48,996	363	7
8	17 Administrative - Salary	Patient Days	1,592,658	32	133,122	133,122	48,996	4,095	8
9	17 Administrative - Other	Patient Days	1,592,658	32	60,000		48,996	1,846	9
10	19 Professional Fees	Patient Days	1,592,658	32	455,203		48,996	14,004	10
11	20 Dues and Subscriptions	Patient Days	1,592,658	32	165,158		48,996	5,081	11
12	21 Office & Clerical - Salary	Patient Days	1,592,658	32	3,783,895	3,783,895	48,996	116,406	12
13	21 Office & Clerical - Other	Patient Days	1,592,658	32	345,085		48,996	10,616	13
14	22 Employee Benefits	Patient Days	1,592,658	32			48,996	0	14
15	23 Inservice & Education	Patient Days	1,592,658	32			48,996	0	15
16	24 Travel and Seminar	Patient Days	1,592,658	32	104,250		48,996	3,207	16
17	25 Other Admin. Staff Transport	Patient Days	1,592,658	32			48,996	0	17
18	26 Insurance	Patient Days	1,592,658	32	(14,814)		48,996	(456)	18
19	27 Employee Benefits - Admin Ser	Patient Days	1,592,658	32	584,195		48,996	17,972	19
20	30 Depreciation	Patient Days	1,592,658	32	296,584		48,996	9,124	20
21	32 Interest	Patient Days	1,592,658	32	695,586		48,996	21,399	21
22	33 Real Estate Taxes	Patient Days	1,592,658	32	50,799		48,996	1,563	22
23	34 Rent-Building	Patient Days	1,592,658	32	112,256		48,996	3,453	23
24	35 Rent-Equipment & Auto	Patient Days	1,592,658	32	30,066		48,996	925	24
25	TOTALS				\$ 7,251,606	\$ 4,164,273		\$ 223,085	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Care Centers, Inc
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance Salary	Direct Cost	6,159	\$ 6,159	\$ 6,159	6,159	\$ 6,159	1
2	7	Emp. Ben. - Gen Services	Direct Cost	924	924		924	924	2
3	21	Office Salary	Direct Cost	5,680	5,680	5,680	5,680	5,680	3
4	27	Emp. Ben. - Gen Admin	Direct Cost	852	852		852	852	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 13,615	\$ 11,839		\$ 13,615	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Care Center Health System
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary Other	2,455,454	27	\$ 91,698	\$	10,663	\$ 398	1
2	02	Food	2,455,454	27	104,128		10,663	452	2
3	05	Utilities	2,455,454	27	10,245		10,663	44	3
4	06	Maintenance	2,455,454	27	16,367		10,663	71	4
5	10	Nursing Supplies	2,455,454	27			10,663		5
6	17	Administrative- Salary	2,455,454	27	134,802	134,802	10,663	585	6
7	17	Administrative- Other	2,455,454	27	24,000		10,663	104	7
8	19	Professional Fees	2,455,454	27	4,618		10,663	20	8
9	20	Dues & Subscriptions	2,455,454	27	7,167		10,663	31	9
10	21	Office & Clerical Salary	2,455,454	27	200,852	200,852	10,663	872	10
11	21	Office & Clerical Other	2,455,454	27	15,126		10,663	66	11
12	23	Inservice & Education	2,455,454	27			10,663		12
13	24	Travel & Seminar	2,455,454	27			10,663		13
14	25	Other Admin. Staff Transport	2,455,454	27	10,605		10,663	46	14
15	26	Insurance	2,455,454	27	15,802		10,663	69	15
16	27	Employee Benefits - Admin Ser	2,455,454	27	52,885		10,663	230	16
17	30	Depreciation	2,455,454	27	3,557		10,663	15	17
18	32	Interest Expense	2,455,454	27	392		10,663	2	18
19	33	Real Estate Taxes	2,455,454	27	3,660		10,663	16	19
20	34	Rent-Building	2,455,454	27			10,663		20
21	35	Rent-Equipment & Auto	2,455,454	27	6,478		10,663	28	21
22	39	Ancillary	2,455,454	27	987,356		10,663	4,288	22
23									23
24									24
25	TOTALS				\$ 1,689,738	\$ 335,654		\$ 7,337	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization CCS Employee Benefits Group, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$			1
2	<u>22</u>	<u>Employee Health Insuranc</u>	<u>Direct Allocation</u>					<u>221,077</u>	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ <u>221,077</u>	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Vent Lease, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance	868,537	29	\$ 30,521	\$ 21,725	21,725	\$ 763	1
2	30	Depreciation	868,537	29	400,000		21,725	10,005	2
3	32	Interest	868,537	29	43,063		21,725	1,077	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 473,584	\$		\$ 11,845	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Xcel Medical Supply, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 328-7600
 Fax Number (847) 328-7615

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1 Dietary	Direct allocation			\$	\$		115	1
2	2 Food	Direct allocation							2
3	3 Housekeeping	Direct allocation						39,396	3
4	4 Laundry	Direct allocation							4
5	6 Repair and Maintenance	Direct allocation						7	5
6	10 Nursing	Direct allocation						142,308	6
7	10a Therapy	Direct allocation						696	7
8	11 Activities	Direct allocation						234	8
9	20 Dues, Fee, Subscriptions	Direct allocation							9
10	21 Clerical & General Office	Direct allocation							10
11	22 Employee Benefits	Direct allocation						1,871	11
12	39 Ancillary	Direct allocation						44,646	12
13	43 Other	Direct allocation							13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		229,273	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Care Center Clinical
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-4000
 Fax Number (847) 905-4040

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	01	Dietary - Salary	Patient Days	32	\$ 110,093	\$ 110,093	48,996	\$ 3,387	1
2	05	Utilities	Patient Days	32	2,749		48,996	85	2
3	06	Maintenance - Other	Patient Days	32	1,817		48,996	56	3
4	07	Employee Benefits - Gen Serv	Patient Days	32	18,826		48,996	579	4
5	10	Nursing - Salary	Patient Days	32	589,608	289,608	48,996	18,139	5
6	10	Nursing - Other	Patient Days	32			48,996		6
7	10a	Therapy - Salary	Patient Days	32	73,158	73,158	48,996	2,251	7
8	12	Social Service - Salary	Patient Days	32	270,126	270,126	48,996	8,310	8
9	15	Employee Benefits - Healthcare	Patient Days	32	131,280		48,996	4,039	9
10	17	Administrative - Salary	Patient Days	32	1,003,912	1,003,912	48,996	30,884	10
11	19	Professional Fees	Patient Days	32	11,820		48,996	364	11
12	20	Dues and Subscriptions	Patient Days	32	1,118		48,996	34	12
13	21	Office & Clerical - Salary	Patient Days	32	282,969	282,969	48,996	8,705	13
14	21	Office & Clerical - Other	Patient Days	32	847		48,996	26	14
15	23	Inservice & Education	Patient Days	32			48,996		15
16	24	Travel and Seminar	Patient Days	32	1,201		48,996	37	16
17	25	Other Admin. Staff Transport	Patient Days	32			48,996		17
18	26	Insurance	Patient Days	32	623		48,996	19	18
19	27	Employee Benefits - Admin Ser	Patient Days	32	175,293		48,996	5,393	19
20	30	Depreciation	Patient Days	32	8,167		48,996	251	20
21	32	Interest	Patient Days	32	23,321		48,996	717	21
22	33	Real Estate Taxes	Patient Days	32	5,358		48,996	165	22
23	34	Rent-Building	Patient Days	32			48,996		23
24	35	Rent-Equipment & Auto	Patient Days	32			48,996		24
25	TOTALS				\$ 2,712,286	\$ 2,029,866		\$ 83,441	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Therapy Works Rehabilitation Services LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 6020
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10a	Therapy Salaries PT	1,681,285	9	\$ 379,954	\$ 379,954	284,409	\$ 64,274	1
2	10a	Therapy Salaries OT	1,681,285	9	403,928	403,928	284,409	68,329	2
3	10a	Therapy Salaries ST	1,681,285	9	155,766	155,766	284,409	26,350	3
4	10a	Therapy Salaries Other	1,681,285	9	322,445	322,445	284,409	54,545	4
5	10a	Therapy - Other	1,681,285	9	23		284,409	4	5
6	10a	Therapy - Other PT	1,681,285	9	79,669		284,409	13,477	6
7	10a	Therapy - Other OT	1,681,285	9			284,409		7
8	10a	Therapy - Other ST	1,681,285	9			284,409		8
9	15	Employee Benefits - Health	1,681,285	9	177,452		284,409	30,018	9
10	17	Administrative- Salary	1,681,285	9	44,598	44,598	284,409	7,544	10
11	19	Professional Fees	1,681,285	9	1,524		284,409	258	11
12	20	Dues & Subscriptions	1,681,285	9	20,074		284,409	3,396	12
13	21	Office & Clerical -Salary	1,681,285	9			284,409		13
14	21	Office & Clerical Other	1,681,285	9	6,717		284,409	1,136	14
15	24	Travel & Seminar	1,681,285	9	2,806		284,409	475	15
16	25	Other Admin. Staff Transport	1,681,285	9			284,409		16
17	26	Insurance	1,681,285	9	7,608		284,409	1,287	17
18	27	Employee Ben. - Gen. Admin	1,681,285	9	6,265		284,409	1,060	18
19	30	Depreciation	1,681,285	9			284,409		19
20	32	Interest	1,681,285	9	21,079		284,409	3,566	20
21	33	Real Estate Taxes	1,681,285	9			284,409		21
22	34	Rent- Building	1,681,285	9			284,409		22
23	35	Rent - Equipment & Auto	1,681,285	9	5,067		284,409	857	23
24									24
25	TOTALS				\$ 1,634,975	\$ 1,306,691		\$ 276,576	25

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6		7	8	9	10	
						Original	Balance					
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO									
	A. Directly Facility Related											
	Long-Term											
1	LaSalle Bank		X	Mortgage			\$	\$			\$	1
2	Businee Partners (Net)		X	Mortgage				3,567,403			356,491	2
3												3
4												4
5												5
	Working Capital											
6	CIB Bank		X	Line of Credit							3,680	6
7	A.N.R. inc. (Seller)		X								903	7
8	See Sch 9A										26,761	8
9	TOTAL Facility Related						\$	\$ 3,567,403			\$ 387,835	9
	B. Non-Facility Related*											
10	Interest Income - Facility										(45,930)	10
11	Interest Income - Bldg Co.											11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (45,930)	14
15	TOTALS (line 9+line14)						\$	\$ 3,567,403			\$ 341,905	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7 (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Chateau Nursing & Rehabilitation Center # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1						\$				\$	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6	Care Centers, Inc									21,399	6							
6a	Care Centers, Clinical									717	6a							
7	Care Centers Health Sys									2	7							
7a	Therapy Works Rehab.									3,566	7a							
8	Vent Lease									1,077	8							
9	TOTAL Facility Related					\$	0	\$	0	\$	26,761	9						
B. Non-Facility Related*																		
10	Shareholders	X									10							
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	0	\$	0	\$	0	14						
15	TOTALS (line 9+line14)					\$	0	\$	0	\$	26,761	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177 Report Period Beginning:

01/01/2006 Ending: 12/31/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,447 B. General Construction Type: Exterior Brick Frame Masonry & Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, et al). List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: 131,384 2. Number of Years Over Which it is Being Amortized: 5-11 Yrs
3. Current Period Amortization: 26,123 4. Dates Incurred: 2003 & 2005

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>273,121</u>	<u>2003</u>	<u>\$ 295,367</u>	<u>1</u>
2	<u>2201 Main LLc</u>		<u>2003</u>	<u>10,894</u>	<u>2</u>
3	TOTALS	<u>273,121</u>		<u>\$ 306,261</u>	<u>3</u>

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150	2003		\$ 2,922,597		Various	\$ 136,186	\$ 136,186	\$ 787,428	4
5										5
6										6
7										7
8										8
Improvement Type**										
9										9
10	Land Improvement		2003	325,640		Various	25,178	25,178	101,548	10
11										11
12										12
13										13
14										14
15	Care Centers, Inc									15
16	2201 Main LLC Allocation Building		2201	13,457		40	345	345	1,481	16
17	2201 Main LLC Allocation Building Improvements		2002	11,116		20	462	462	2,501	17
18	2201 Main LLC Allocation Building Improvements		2003	13,100		20	249	249	2,293	18
19	2201 Main LLC Allocation Building Improvements		2005	651		20	29	29	49	19
20										20
21	Care Centers Clinical									21
22	2201 Main LLC Allocation Building		2201	1,419		40	36	36	156	22
23	2201 Main LLC Allocation Building Improvements		2002	1,172		20	49	49	264	23
24	2201 Main LLC Allocation Building Improvements		2003	1,382		20	26	26	242	24
25	2201 Main LLC Allocation Building Improvements		2005	69		20	3	3	5	25
26										26
27	Care Centers Health System									27
28	2201 Main LLC Allocation Building		2201	137		40	4	4	15	28
29	2201 Main LLC Allocation Building Improvements		2002	113		20	5	5	25	29
30	2201 Main LLC Allocation Building Improvements		2003	133		20	3	3	23	30
31	2201 Main LLC Allocation Building Improvements		2005	7		20			1	31
32										32
33										33
34										34
35										35
36										36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
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60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,290,993	\$		\$ 162,575	\$ 162,575	\$ 896,031	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,290,993	\$		\$ 162,575	\$ 162,575	\$ 896,031	1
2	Water Heater	2003	8,638	864	20	432	(432)	1,692	2
3	Exhaust Fan	2003	1,111	111	20	56	(55)	218	3
4	Pot Hole Repairs	2003	600		20	30	30	113	4
5	Electric Heat and Air Conditioner	2003	700	140	20	140		525	5
6	Fire Control Equipment Replacemen	2003	2,250	321	20	321		1,205	6
7	Door Replacement	2003	1,472	74	20	74		276	7
8	Carpet Replacement	2003	588	59	20	29	(30)	110	8
9	Plumbing Work	2003	2,595	260	20	130	(130)	465	9
10	New Fence and Drywall Constructec	2003	5,700	570	20	285	(285)	998	10
11	Replace 2 Panic Devices	2003	900	129	20	129		450	11
12	Walk in Freezer Repair	2003	2,342	335	20	335		1,171	12
13	Armstrong Excelon Tilt	2003	1,888	126	20	126		430	13
14	Drywall And Fire Wall Caulkin	2003	5,500	550	20	275	(275)	917	14
15	Smoke Detector Installatio	2003	3,965	566	20	566		1,888	15
16	Drywall Work and Fire Wal	2003	3,000	300	20	150	(150)	488	16
17	Drywall Work	2003	1,100	110	20	55	(55)	179	17
18	Generator Services	2003	1,438	205	20	205		667	18
19	15 New Keypads	2003	8,166	1,167	20	1,167		3,694	19
20	Wood Flooring	2004	20,929	2,093	20	1,046	(1,047)	3,139	20
21	Wallpaper Borders and Adhesiv	2004	2,063	206	20	103	(103)	309	21
22	Heating Unit Repair	2004	1,379	197	20	197		591	22
23	Interior Addition	2004	1,744	174	20	87	(87)	254	23
24	Pot Hole Repairs	2004	7,000	700	20	350	(350)	933	24
25	Electric Door Openers	2004	2,320	232	20	116	(116)	309	25
26	Fire Safety System	2004	1,691	338	20	338		874	26
27	Chemical Kitchen System	2004	2,278	228	20	114	(114)	285	27
28	Damper Work	2004	3,316	332	20	166	(166)	414	28
29	Plumbing Work	2004	1,187	119	20	59	(60)	148	29
30	Landscaping	2004	6,422		20	321	321	803	30
31	Landscaping	2004	2,198		20	110	110	275	31
32	Landscaping	2004	3,501		20	175	175	438	32
33	Electric Heat ed Air Curtair	2004	2,617	523	20	523		1,309	33
34	TOTAL (lines 1 thru 33)		\$ 3,401,591	\$ 11,029		\$ 170,785	\$ 159,756	\$ 921,598	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 3,401,591	\$ 11,029		\$ 170,785	\$ 159,756	\$ 921,598		1
2	Generator Service:	2004 2,969	148	20	148		359		2
3	Generator Service:	2004 1,645	82	20	82		199		3
4	Vestibule Doors	2004 6,820	682	20	341	(341)	938		4
5	Air Curtain	2004 1,600	160	20	80	(80)	180		5
6	New Alarm System	2004 12,500	1,250	20	625	(625)	1,354		6
7	Sprinkler	2004 4,640	465	20	232	(233)	541		7
8	Roof Repair	2004 750		20	38	38	103		8
9	Roof Ventilators	2004 776		20	39	39	107		9
10	Light Fixture	2004 726		20	36	36	100		10
11	Nursing Station Repairs	2004 951		20	48	48	127		11
12	Light Fixture	2004 726		20	36	36	97		12
13	Showers Grips	2004 635		20	32	32	74		13
14	Smoke Detectors	2004 1,940		20	97	97	226		14
15	Wander Guard	2004 1,055		20	53	53	154		15
16	Wander Guard	2004 703		20	35	35	94		16
17	Evaporator Coil Replacemen	2004 1,604		20	80	80	201		17
18	Concrete work on drivewa	2005 5,580	558	20	279	(279)	372		18
19	Ventilation System	2005 16,782	1,678	20	839	(839)	1,049		19
20	Awning Work	2005 11,500	1,150	20	575	(575)	671		20
21	Sprinkler System Worl	2005 36,000	3,600	20	1,800	(1,800)	2,100		21
22	Oak Awning	2006 18,631	1,087	20	543	(544)	543		22
23	Sprinkler System Worl	2006 17,643	1,470	20	735	(735)	735		23
24	Ottebine Aerators	2006 4,972	145	20	73	(72)	73		24
25	Monument Sign	2006 4,455	149	20	149		149		25
26	ID Sign	2006 4,698	78	20	78		78		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 3,561,892	\$ 23,731		\$ 177,858	\$ 154,127	\$ 932,222		34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 3,561,892	\$ 23,731		\$ 177,858	\$ 154,127	\$ 932,222		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 3,561,892	\$ 23,731		\$ 177,858	\$ 154,127	\$ 932,222		34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: Chateau Nursing & Rehabilitation Cente # 0046177 Report Period Beginning: 01/01/2006 Ending: 12/31/2006
 XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 503,471	\$ 14,671	\$ 69,988	\$ 55,317	5-10 yrs	\$ 382,315	71
72	Current Year Purchases	36,740	2,977	3,022	45	5-10 yrs	3,022	72
73	Fully Depreciated Assets	7,584				5-10 yrs	7,584	73
74								74
75	TOTALS	\$ 547,795	\$ 17,648	\$ 73,010	\$ 55,362		\$ 392,921	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	2003 Ford Econo Van	2003	\$ 33,833	\$ 4,147	\$ 4,147		7 Yrs	\$ 19,145	76
77	Facility	Truck Repair	2004	1,083	163	163		7 Yrs	486	77
78	Allocated from CCC			1,346		91	91		91	78
79	Allocated from CCI			22,123		269	269		15,825	79
80	TOTALS			\$ 58,385	\$ 4,310	\$ 4,670	\$ 360		\$ 35,547	80

E. Summary of Care-Related Asset

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,474,333	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 45,689	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 255,538	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 209,849	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,360,690	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progres

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 1

Chateau Nursing & Rehab Center
Moveable Equipment Schedule
1/1/06-12/31/06
0046177

Company Name	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Straight Line Depreciation
Line 28: Prior Years					
Chateau Village & Rehab Center	95,765	14,671	15,514	843	46,186
Chateau Willowbrook Property LLC	318,533		36,695	36,695	263,491
2201 Main LLC	4,157		483	483	1,871
Care Centers, Inc	85,016		7,291	7,291	70,767
Vent Lease			10,005	10,005	
Care Center Health System					
Total	503,471	14,671	69,988	55,317	382,315

Line 29: Current Year

Chateau Village & Rehab Center	36,441	2,977	2,977		2,977
Chateau Willowbrook Property LLC					
2201 Main LLC					
Care Centers, Inc	299		45	45	45
Vent Lease					
Care Center Health System					
Total	36,740	2,977	3,022	45	3,022

Line 30: Fully Depreciated

Chateau Village & Rehab Center	7,584				7,584
Chateau Willowbrook Property LLC					
2201 Main LLC					
Care Centers, Inc					
Vent Lease					
Care Center Health System					
Total	7,584				7,584

Total (Should tie to page 13)

Chateau Village & Rehab Center	139,790	17,648	18,491	843	56,747
Chateau Willowbrook Property LLC	318,533		36,695	36,695	263,491
2201 Main LLC	4,157		483	483	1,871
Care Centers, Inc	85,315		7,336	7,336	70,812
Vent Lease			10,005	10,005	
Care Center Health System					
Total	547,795	17,648	73,010	55,362	392,921

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
 If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocation from Care Centers, Inc				3,453			5
6	Storage				4,993			6
7	TOTAL				\$ 8,446			7

10. Effective dates of current rental agreement:
 Beginning _____
 Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	<u>/2007</u>	\$ _____
13.	<u>/2008</u>	\$ _____
14.	<u>/2009</u>	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.
 This amount was calculated by dividing the total amount to be amortized
 by the length of the lease N/A N/A

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ 8,400 Description: \$3,254 Copier, \$2,089 Dish Machine, \$1,275 Postage Meter, \$925 Care Centers, \$857 Therapy Works
 (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	Allocated from Care Center Health System			28	18
19					19
20					20
21	TOTAL		\$	\$ 28	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payment:				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10a, C 3	hrs	\$		\$ 204,758	\$		\$ 204,758	1
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs			54,266			54,266	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C3	hrs			323,984			323,984	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				347,030		347,030	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Sch 16A					2,251	76,172		78,423	13
14	TOTAL			\$		\$ 585,259	\$ 423,202		\$ 1,008,461	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Chateau Nursing & Rehabilitation Center

Provider #: 0046177

01/01/2006 to 12/31/2006

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Therapy & Rehab Supplies	L10a C 2			10,461
Ventilation Equipment Services	L39, C 3			179
Respiratory Therapy CCI	L10a C 3		2,251	
Medical Supplies	L39, C 2			46,797
Lower Pressure Mattresses	L39, C 2			3,288
Oxygen	L39, C 2			6,272
Ambulance Services	L39, C 3			1,554
Wheelchairs and Walkers	L39, C 3			2,342
Food Pump Medicare	L39, C 2			5,279
Total		0	2,251	76,172

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 500	\$ 500	1
2	Cash-Patient Deposits	54,829	54,829	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 115,000)	1,366,774	1,366,774	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,479	24,479	6
7	Other Prepaid Expenses	35,086	35,086	7
8	Accounts Receivable (owners or related parties)	805,202	805,202	8
9	Other(specify): Notes Payable LaSalle	591,503	591,503	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,878,373	\$ 2,878,373	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		306,261	13
14	Buildings, at Historical Cost		2,937,610	14
15	Leasehold Improvements, at Historical Cost	248,312	624,282	15
16	Equipment, at Historical Cost	165,857	606,180	16
17	Accumulated Depreciation (book methods)	(126,786)	(1,360,690)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Financing Fees		(306,512)	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 287,383	\$ 2,807,131	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,165,756	\$ 5,685,504	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 511,281	\$ 511,281	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	31,148	31,148	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	333,985	333,985	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,304	9,304	31
32	Accrued Real Estate Taxes(Sch.IX-B)	61,600	61,600	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Sch 17A	233,886	233,886	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,181,204	\$ 1,181,204	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,567,403	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 3,567,403	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,181,204	\$ 4,748,607	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,984,552	\$ 936,897	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,165,756	\$ 5,685,504	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,825,627	1
2	Restatements (describe):		2
3	Rounding adjustment	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,825,625	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	527,794	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(368,867)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 158,927	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,984,552	24 *

Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,984,538	1
2	Discounts and Allowances for all Level	(2,975,582)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,008,956	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,666,572	6
7	Oxygen	778	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,667,350	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	3,606	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	340,682	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	104,778	19
20	Radiology and X-Ray	5,550	20
21	Other Medical Services	87,520	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 542,136	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	45,930	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 45,930	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	534	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 534	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,264,906	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,338,928	31
32	Health Care	4,245,023	32
33	General Administrator	1,871,005	33
B. Capital Expense			
34	Ownership	621,281	34
C. Ancillary Expense			
35	Special Cost Centers	578,750	35
36	Provider Participation Fee	82,125	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,737,112	40
41	Income before Income Taxes (line 30 minus line 40)**	527,794	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 527,794	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? **Not Complete** If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Chateau Nursing & Rehabilitation Center
0046177
12/31/2006

Schedule 19A

XVII. INCOME STATEMENT

Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Vending Income	464
Jury Duty Income	63
A/R Misc. Discount	7
	<hr/>
Total Line 28 - Other Revenue (specify):	<u><u>534</u></u>

Facility Name & ID Number **Chateau Nursing & Rehabilitation Center**

0046177

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,582	1,839	\$ 66,221	\$ 36.01	1
2	Assistant Director of Nursing	1,482	1,670	50,976	30.52	2
3	Registered Nurses	20,045	21,267	570,885	26.84	3
4	Licensed Practical Nurses	31,174	34,056	845,520	24.83	4
5	CNAs & Orderlies	90,865	98,927	1,163,710	11.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,827	2,088	31,845	15.25	9
10	Activity Assistants	10,328	11,043	113,428	10.27	10
11	Social Service Worker	4,399	4,859	86,350	17.77	11
12	Dietician	1,602	1,718	24,729	14.39	12
13	Food Service Supervisor	1,874	2,101	28,463	13.55	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,198	4,548	49,459	10.87	15
16	Dishwashers	18,325	19,899	160,171	8.05	16
17	Maintenance Worker	8,421	9,212	139,535	15.15	17
18	Housekeepers	16,062	17,576	154,548	8.79	18
19	Laundry	4,165	4,486	40,437	9.01	19
20	Administrator	1,912	2,176	99,170	45.57	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,613	13,208	192,908	14.61	24
25	Vocational Instructor					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,872	2,112	31,028	14.69	31
32	Other Health C: See Sch 20A	19,256	22,623	391,442	17.30	32
33	Other(specify) See Sch 20A					33
34	TOTAL (lines 1 - 33)	251,002	275,408	\$ 4,240,825 *	\$ 15.40	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	252	\$ 10,922	L. 1 C. 3	35
36	Medical Director	Monthly	37,400	L. 9 C. 3	36
37	Medical Records Consultant	Monthly	455	L. 10 C. 3	37
38	Nurse Consultant	k			38
39	Pharmacist Consultant	Monthly	2,250	L. 10 C. 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,176	L. 11 C. 3	44
45	Social Service Consultant	12	660	L. 12 C. 3	45
46	Other(specify)				46
47	Therapy Services Program	50	1,968	L. 10a C. 3	47
48	CCI - Sch 20B	558	12,199		48
49	TOTAL (lines 35 - 48)	896	\$ 67,030		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	152	\$ 7,643	L. 10 C. 3	50
51	Licensed Practical Nurses	190	6,664	L. 10 C. 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	342	\$ 14,307		53

Chateau Nursing & Rehabilitation Center
 0046177
 12/31/2006

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Ward Clerk	4,716	6,133	\$ 79,697	12.99
Care Plan Coordinator	5,445	6,302	149,548	23.73
Rehab Nurse	2,037	2,317	64,048	27.64
Rehab Aides	7,058	7,871	98,149	12.47
Total Line 32 - Other	19,256	22,623	\$ 391,442	\$ 17.30

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
				#DIV/0!
				#DIV/0!
				#DIV/0!
Total Line 33 - Other	0	0	\$ -	#DIV/0!

Chateau Nursing & Rehabilitation Center
0046177
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Schedule 20B

XVIII. Consultant Services
LINE 46

	# of Hrs. Reporting Period	Schedule V	
	Actually	Total Consultant	Line &
	Worked	Costs	Column
Maintenance - CCI	287	6,519	L6, C 3
Bookkeepers - CCI	271	\$ 5,680	L21, C3
<hr/>			
Total Line 46 - Other	558	\$ 12,199	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries:				D. Employee Benefits and Payroll Taxes:			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Susan G. Polier	Administrator	0	\$ 99,170	Workers' Compensation Insurance	\$ 145,919	IDPH License Fee	\$	
				Unemployment Compensation Insurance	110,701	Advertising: Employee Recruitment	28,355	
				FICA Taxes	318,954	Health Care Worker Background Check		
				Employee Health Insurance	127,952	(Indicate # of checks performed 117)	2,613	
				Employee Meals		Patient Background Checks	632	
				Illinois Municipal Retirement Fund (IMRF)*		Various Dues & Subscriptions	496	
				Employee Physical	6,051	Various Licenses & Fees	2,812	
				Other Employee Benefits	4,739	Allocated from Bldg Co	250	
				Holiday Expenses	2,977	Allocated from Care Centers & Clinica	5,115	
				Pension Expense	3,366	Allocated from CCHS & Therapy Works	3,427	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 99,170				\$ 720,659		\$ 43,700		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
Home Office Services	\$ 341,785						Out-of-State Travel	\$
Management Fees	147,784			N/A				
							In-State Travel	
These amounts were Eliminated in Col 7								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$ 489,569						Seminar Expense	974
C. Professional Services				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type	Amount		\$			\$ 4,693	
Meyer Magence	Legal	\$ 1,290						
Winston & Strawn	Legal	7,662						
Stone, McGuire & Siegel	Legal	4,439						
Seyfarth Shaw	Legal	5,400						
Neal, Gerber, & Eisenberg	Legal	225						
Steven Briggs	Arbitrator Services	335						
Foley & Lardner	Legal	1,395						
FR&R	Accounting	12,457						
Legal Architects	Engineering Consultants	2,971						
Personnel Planners, Inc	Unemployment Consultant	1,410						
Talx Corp	Unemployment Consultant	137						
See Attach SCH 21A		38,394						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 76,115				

* Attach copy of IMRF notifications

**See instructions.

Chateau Nursing & Rehabilitation Center

Provider #: 0046177

01/01/2006 to 12/31/2006

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

ADP Inc.	Payroll Services	5,679
SMS	Medicare Billing	12,282
Janet Pearlstein	Decorator Consultant	900
Care Centers Inc.	Medicaid Application	5,400
Marietta Brennan	Typing Services	1,485
Prospect Resources	Administrative Services	1,200
National Holtine Services	Compliance Services	150
Achieve Healthcare inc	Software Support	7,783
Ehealth Data Solution	Billing Program	3,255
IIT/Sourcetek	Computer Support	260

38,394

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3) 76,115

Allocated from Management Company 14,004

Allocated from Therapy Works Rehab Legal 258

Allocated from Care Center Clinical 364

Allocated from Care Center Health System 20

2005 Legal Invoices

Winston & Strawn (2,547)

Seyfarth Shaw (1,107)

Neal, Gerber, & Eisenberg (44)

Care Centers Ins Medicaid Application (5,400)

Total (agree to Schedule V, line 19, column 8) 81,663

Facility Name & ID Number Chateau Nursing & Rehabilitation Center

0046177

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 6.21 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 86,692 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. 82,125
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount \$ 0
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period \$
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	262,822	31,549	10,922	305,293	0	305,293	1,870	307,163
2. Food Purchase	0	256,246	0	256,246	0	256,246	-3,307	252,939
3. Housekeeping	154,548	45,962	27,563	228,073	0	228,073	-3,478	224,595
4. Laundry	40,437	20,201	0	60,638	0	60,638	0	60,638
5. Heat and Other Utilities	0	0	223,741	223,741	0	223,741	2,020	225,761
6. Maintenance	139,535	0	124,478	264,013	0	264,013	8,657	272,670
7. Other (specify)*	0	0	924	924	0	924	1,518	2,442
8. Total General Services	597,342	353,958	387,628	1,338,928	0	1,338,928	7,280	1,346,208
9. Medical Director	0	0	37,400	37,400	0	37,400	0	37,400
10. Nursing & Medical Records	3,119,782	164,505	17,012	3,301,299	0	3,301,299	5,579	3,306,878
10a. Therapy	0	10,522	636,078	646,600	0	646,600	-48,908	597,692
11. Activities	145,273	25,977	1,176	172,426	0	172,426	-21	172,405
12. Social Services	86,350	288	660	87,298	0	87,298	11,015	98,313
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	34,420	34,420
16. Total Health Care & Programs	3,351,405	201,292	692,326	4,245,023	0	4,245,023	2,085	4,247,108
17. Administrative	99,170	0	489,569	588,739	0	588,739	-444,511	144,228
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	76,115	76,115	0	76,115	5,548	81,663
20. Fees, Subscriptions & Promotion	0	0	35,683	35,683	0	35,683	8,017	43,700
21. Clerical & General Office	192,908	31,653	46,869	271,430	0	271,430	137,757	409,187
22. Employee Benefits & Payroll	0	0	725,336	725,336	0	725,336	-4,677	720,659
23. Inservice Training & Education	0	0	1,880	1,880	0	1,880	0	1,880
24. Travel and Seminar	0	0	974	974	0	974	3,719	4,693
25. Other Admin. Staff Trans	0	0	20,534	20,534	0	20,534	46	20,580
26. Insurance-Prop.Liab.Malpractice	0	0	149,462	149,462	0	149,462	919	150,381
27. Other (specify)*	0	0	852	852	0	852	24,425	25,277
28. Total General Adminis	292,078	31,653	1,547,274	1,871,005	0	1,871,005	-268,757	1,602,248
29. Total General Administrative	4,240,825	586,903	2,627,228	7,454,956	0	7,454,956	-259,392	7,195,564
30. Depreciation	0	0	45,689	45,689	0	45,689	209,849	255,538
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	26,123	26,123
32. Interest	0	0	3,680	3,680	0	3,680	338,225	341,905
33. Real Estate	0	0	45,826	45,826	0	45,826	1,744	47,570
34. Rent - Facility & Grounds	0	0	497,743	497,743	0	497,743	-489,297	8,446
35. Rent - Equipment & Vehicles	0	0	28,343	28,343	0	28,343	-19,915	8,428
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	621,281	621,281	0	621,281	66,729	688,010
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	412,443	4,075	416,518	0	416,518	-3,777	412,741
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	82,125	82,125	0	82,125	0	82,125
43. Other (specify):*	0	0	162,232	162,232	0	162,232	-162,232	0
44. Total Special Cost Ce	0	412,443	248,432	660,875	0	660,875	-166,009	494,866
45. Grand Total	4,240,825	999,346	3,496,941	8,737,112	0	8,737,112	-358,672	8,378,440

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	500	500
2. Cash - Patient Deposits	54,829	54,829
3. Accounts & Notes Recievable	1,366,774	1,366,774
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	24,479	24,479
7. Other Prepaid Expenses	35,086	35,086
8. Accounts Receivable-Owner/Related Party	805,202	805,202
9. Other (specify):	591,503	591,503
10. Total current assets	2,878,373	2,878,373
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	306,261
14. Buildings, at Historical Cost	0	2,937,610
15. Leasehold Improvements, Historical Cost	248,312	624,282
16. Equipment, at Historical Cost	165,857	606,180
17. Accumulated Depreciation (book methods)	-126,786	-1,360,690
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	-306,512
24. Total Long-Term Assets	287,383	2,807,131
25. Total Assets	3,165,756	5,685,504
CURRENT LIABILITIES		
26. Accounts Payable	511,281	511,281
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	31,148	31,148
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	333,985	333,985
31. Accrued Taxes Payable	9,304	9,304
32. Accrued Real Estate Taxes	61,600	61,600
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	233,886	233,886
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,181,204	1,181,204
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	3,567,403
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	3,567,403
46. Total Liabilities	1,181,204	4,748,607
47. Total Equity	1,984,552	936,897
48. Total Liabilities and Equity	3,165,756	5,685,504

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,984,538
2. Discounts and Allowances for all Levels	-2,975,582
Subtotal - Inpatient Care	6,008,956
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,666,572
7. Oxygen	778
Subtotal - Ancillary Revenue	2,667,350
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	3,606
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	340,682
18. Sale of Supplies to Non-Patients	0
19. Laboratory	104,778
20. Radiology and X-Ray	5,550
21. Other Medical Services	87,520
22. Laundry	0
Subtotal - Other Operating Revenue	542,136
24. Contributions	0
25. Interest and Other Investments Income	45,930
Subtotal - Non-Operating Revenue	45,930
27. Other Revenue (specify):	534
28. Other Revenue (specify):	0
Subtotal - Other Revenue	534
30. Total Revenue	9,264,906
31. General Services	1,320,899
32. Health Care	4,094,712
33. General Administration	1,538,639
34. Ownership	627,725
35. Special Cost Centers	611,711
35. Provider Participation Fee	82,125
37. Other	0
40. Total Expenses	8,275,811
41. Income Before Income Taxes	989,095
42. Income Taxes	0
43. Net Income or Loss for the Year	989,095